



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Date:

To Social Security Administration Staff:

From: *DSHS staff member*
CSO Address

The persons listed below are "qualified aliens" eligible for the following programs, according to WAC 388-424-0010 and 388-424-0020: *(check all that apply)*

Temporary Assistance for Needy Families (TANF)_____

Non-emergency Medicaid_____

Basic Food (Food Stamps)_____

They meet all the requirements for these programs but are required to apply for a non-work Social Security Number. This letter is written to comply with the request for documentation described in Social Security RM 00203.510, "Alien Without Work Authorization – Non-work Need for an SSN A.2." Please issue a non-work number as soon as possible to the persons listed below.

(Include all members of the assistance unit eligible for federal benefit).

Client Name

Date of Birth

Client ID#

Please call me at *(staff name and telephone number)* to confirm receipt of this request and to inform me if any further information is needed.

Thank you.

Sincerely,

DSHS Staff signature and title.